

STATE OF UTAH GOPB BUDGET IMPACT FORM

Use one form for each grant

Grant Title			
Federal Catalog Number	State Application Identifier (SAI#)		
Federal Funding Agency	Grant Type (circle) New Reauthorization Revision		
Description and Purpose of Federal Grant:			

FINET Accounting Information

Fund Number		Agency Number		Low Org Number	
Appropriation Unit		Revenue Source Code			

Total Funding Sources			Matching State Funds					Total Funds
			(Please provide detailed explanation of match in the comments section)					
Fiscal Year	Federal Funding	Other Funds From Non-State Sources*	General Fund	Dedicated Credits	Restricted Fund	Other _____**	Maintenance of Effort Funds	
FY 2004 Actual	\$		\$	\$	\$	\$	\$	\$
FY 2005 Authorized	\$		\$	\$	\$	\$	\$	\$
FY 2006 Requested	\$		\$	\$	\$	\$	\$	\$

Percent of grant monies passed through to local government:	Identify local government(s):
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Will additional state monies be required to continue this program if this grant expires or is reduced? Yes No (if "Yes" explain on a separate sheet)

Additional FTEs the grant requires:	Are these permanent FTEs? Yes No (if "Yes" explain on a separate sheet)
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What federal requirements must the state meet as a condition of receiving monies and what impact will these requirements have on policy? (explain on a separate sheet)

Address of federal agency application sent to:
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Comments:

IMPORTANT:

* Identify in comments section what entities (e.g., local, or private) and whether the funds are direct, in-direct, or in-kind.

** If funds are in-kind, describe detail in the comments section.

Department:

Contact:

Line Item / Division:

Phone Number:

Program:

Date: